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ABSTRACT

Following a description of the facilities, programs, and students of El Centro College (Texas), this paper reviews the conflicts arising between the mandates of external certifying boards, the expectations of hospital administrators and other medical personnel, and the realities of community college philosophy, planning, staffing and budgeting for allied health programs, as seen from the perspective of the college president. The open admissions policy and the desire to provide minority students opportunities previously denied them require compensatory and mastery learning strategies which conflict with external expectations for fixed program length. Arbitrary requirements concerning class size, pass rates for graduates on state board exams, and faculty certification levels can cause probation, loss of accreditation, faculty and student attrition, and hardships on colleges in isolated areas. Such mandates, often having immediate effect, are made without consultation or opportunity for input, and ignore the requirements of contractual obligations, advance planning, the principles of good teaching and learning, and community health care needs. While El Centro's nursing and other allied health programs are successful, it is felt that the college deserves the right to be involved in the external decisions which affect it. (RT)

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ENTRANCE INTO REGISTERED NURSING - ISSUES AND PROBLEMS

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I have been invited to address the topic "Entrance into Registered Nursing - Issues and Problems" from the point of view of a college president. I hate to take the necessary time, but feel I'll need to tell you what our college is all about before my remarks can have much meaning for you.

El Centro College is eleven years old. It is a downtown, inner city college with all the positive and negative qualities which that descriptive term usually entails. We have a nine story instruction building which is a beautiful example of what can be done with a city's oldest department store, we have a lovely new building across the block which is the epitome of architectural planning for function and beauty and we are locked in combat with the State Historical Society over the buildings in between. We have been waiting and waiting for a ruling from the State Supreme Court to learn whether we can tear down three old buildings and build a connecting unit from the nine-story to the new building to house the Learning Resources Center and the college cafeteria.

Our student body numbers over 7,000 and that's about all we can deal with. For the first time this year, we have more "minority" students--blacks, browns, reds, yellows than "whites". We have a good "mix" and we are doing a lot of different things in order to maintain

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the diversity. There are a few more female students than male and the average age of our students is 28. Most are married or have been, most work while attending school, many have children. Most of them are highly career-oriented, but are searching for more than skills training alone in an effort to enhance the quality of their lives.

El Centro is the oldest of six campuses--soon to be seven--in our district. All of the health programs--eight in number--are assigned to our campus. One of the reasons is that equipping labs and classrooms for health programs is very expensive--we simply cannot afford to duplicate equipment, supplies, materials and staff on more than one campus. In addition to our AD Nursing program, we have Vocational Nursing, Operating Room Technology, Radiologic Technology, Respiratory Therapy, Dental Assisting, Medical Assisting, and Medical Laboratory Technician programs. We have a faculty in these health programs of 60. Thirty eight are in the AD Nursing program alone. In addition we have instructors who teach various support courses for all of the health programs.

The cost is frightening. Our state legislature, in an effort to encourage more students to enroll in nursing programs, set a maximum of $50 tuition for nursing students. Our state funding agency, the Texas Education Agency, provides funding of $2.43 per contact hour in nursing courses and our Coordinating Board pays like or less amounts for support courses. Were it not for federal grants we would be hard-put to come up with the necessary financing. In fact, it would require drastic cuts.

At present we have 588 students enrolled in our AD Nursing program, 280 are at the sophomore level and 308 at the freshmen level. In addition to the health programs we have 18 other technical programs which cover such fields as computer science, fashion design, food service, secretarial science, et cetera. All of our technical programs are very important to us as they represent areas of need which have been identified in our community. We tend, however, to have a different kind of concern, about human services programs which are vital to the health of the public who make up our community.

We are a community college with an "open-door" policy in compliance with the mandate of our locally elected Board of Trustees representing the citizens of our county. Most people, we have learned, approve of "open-door" policies until they attempt to come to grips with planning educational programs which require precise skills, sophisticated information systems, self-discipline, clearly defined goals, and decision-making which affects matters of life and death. At that point they are apt to approve of "open doors" for programs other than their own.

One of the very first issues we run into relates to the "open door" policy. We have been subjected to great pressures to give minorities--indeed any students with poor educational backgrounds-- but especially minorities--a chance to succeed in positions previously denied them. To do so involved some risks--but to refuse to admit any except "shoo-ins" denies the opportunity to try. We accept Bloom's theory of learning which holds that given

sufficient time, almost anyone can learn anything. This says to us that we can educate students to become good nurses for the most part by providing them with the requirements which they have missed, by developing alternative teaching approaches and materials, by giving them more time to meet requirements of the program successfully, by developing self-confidence in test-taking, by training teachers to reinforce positive behaviors and responses, by encouraging, by communicating expectations for success, without compromising the quality of the educational experience. Our limited amount of research indicates that this in fact happens.

Now all of that sounds well and good--exactly what a good community college ought to be applauded for doing. Let me describe instead what happens.

As of any given day in Dallas County there are approximately 562 openings in various health care centers. Hospital administrators as well as advisory committees, in their need to provide nursing care for consumers are not necessarily in the same degree of sympathy as we in allowing students an extra year to complete their nursing program. "Tighten up your entrance requirements", "Kick out the slow ones", "Counsel the blacks into Vocational Nursing" are some of the words we are given which various groups feel would solve at least some of their problems until our own Board of Trustees, HEW and EEOC hauled us in for an accounting. Some days you can't win for losing.

Take for entrance, State Boards. Now I have no beef with requiring proof that any kind of educational program has in fact done successfully what it has set out to do--although I'm not at all sure that pen and pencil tests are the only, or even the best, indicators of success. Our own Board of Nurse Examiners struggled with us over its recommendations of one year probation and then withdrawing accreditation the second year from nursing programs where less than 75% of the candidates taking the state exams for the first time failed to pass all parts of the exam. We were aghast--lawyers, CPAs, various other professionals could take certifying exams or portions thereof over and over, but for the two year nursing students, it was now or never, for all practical purposes.

We were able to work out a compromise with which both sides could live. But not until it had scared us out of ten years growth. Now our records of "pass" on the State Boards is respectably high, but it does vary. Sometimes we know why, sometimes not. We're working on that. Had that proposal become law and we'd had a couple of bad years we would have had to do something with 30 nursing instructors on one year contracts and with eight nursing instructors who were on three year contracts. To fail to honor their contracts would have been unthinkable--to have paid them off would have sent us into bankruptcy or whatever happens to community colleges that can't pay their bills. Being placed on probation for a year would have had an adverse effect, we feel, on the future professional status of the students who

were currently enrolled in the program. This had apparently not been considered in the recommendation. If accreditation were withdrawn, what would we have done about the entering freshmen class which had already been accepted? Preadvisement paper work and interviewing require so much time and effort that we have to work a year or more in advance or we cannot meet the admission requirements which we have set for the nursing program. Last year we had 1700 applicants for the nursing program alone. There is almost always a backlog of applicants of at least 600. This is a tremendous responsibility that cannot be taken lightly nor one that can be subjected to changes which can only seem capricious to us unless dealt with by everyone concerned well in advance of counseling, budgeting, scheduling and staffing deadlines.

This same kind of situation creates another problem that I felt related to community values and priorities. Seventy-five percent of our graduates on a given year taking Boards represents around 200 prospective registered nurses for a county that has some critical health care needs. Do we dare to ignore that number? I don't think we can and face the taxpayer who has and continues to make a tremendous investment in this effort. I recall a president of a college on the Texas/Mexico border who was present at the hearings on this recommendation with me making a fervent plea for his isolated communities. His statement was that if only 30% of the Mexican American student nurses in his institution passed their

State Boards, that number would represent the only health care personnel available to some of the small border towns. His plea was "Isn't it better to have 30% than none?"

Now, I do not for one minute feel that our Board of Nurse Examiners is out to get us, has ulterior motives, hates minority students, wants to run all the nursing programs in the State or has other equally absurd objectives. I do think that along with the professional nursing members, had there been an educational administrator on the Board who was aware of contractual obligations and budget deadlines, had there been a health care consumer on the board representing geographic areas where health care personnel is hard to come by, as well as those more fortunate, had there been a learning theorist/teacher on the board who understands the little we know about how learning takes place, the real and honest concern the board felt about encouraging schools of nursing to do a better job of preparing students to pass State Boards could have been channeled into recommendations that would have been far more productive and less traumatic for us all.

When I first came to El Centro as a division chairman, few of the nursing faculty had bachelor degrees, much less Masters. They had been granted equivalencies based on years and kinds of experiences. At that time this was apparently a respectable practice. Now state, local and national boards, few of which look at the implications of their recommendations, are looking in horror at the lowly bachelors and sending down mandates regarding

deadlines for completions of Masters. Now we are a large metropolitan area with many colleges and universities which for the most part cooperate in holding classes at times when our nurses can take them without interfering with their teaching assignments so this does not constitute the same kind of problem for us as it does nursing programs in other areas. During this past year, community colleges in Texas were faced with the mandate to get everyone qualified with Masters within a certain period of time - 1980 - or get rid of the faculty not qualified with Masters, or lose accreditation. Community colleges in isolated areas, faced real problems in dealing with the dilemma of forcing teachers who were apparently doing a successful job teaching to pursue a masters in some other city? What proof was there that having a Masters automatically resulted in better teaching of nursing skills and attitudes? I wouldn't be in the business I'm in if I didn't believe in the value of sound education but few Masters degrees in nursing that I'm familiar with include many, if any, courses that deal specifically with teaching strategies, learning processes, materials development, values clarification, and knowledge of community college students, all of which are involved in becoming a more effective teacher. I'm not real sure where this mad rush for credentials is taking us or even why we're engaged in it. I don't argue with the need for updating nursing skills. I wish we'd be concerned also about updating teaching skills, providing relevant, up-to-date in-service and making sure that credentials mean what they should.

It is becoming almost impossible to do long range planning for programs in the health related fields. Part of this is due, in my opinion, to input which is almost an accomplished fact, by the time we're aware of it, from a bewildering array of agencies, local, state and national. We expect new information, new discoveries, new equipment to affect planning. What we can't deal with efficiently are arbitrary decisions made by examining and licensing agencies and bureaus which have almost immediate effects on personnel, budgets, and staff development, and into which we've had no input.

Our Board of Nurse Examiners states that no instructor may be assigned more than twelve students. The Joint Review Committee for Respiratory Therapy Education states that no instructor may be assigned more than five students. Now there may be good reasons for these and other equally arbitrary decisions. But if there are, they need to be discussed fully in advance of implementation with the educational institution which represents the taxpayer paying the bill. I need to reach understanding with those who make assumptions about what is feasible, educationally and economically, so that we can know for sure whether decisions like these are either. For example, I feel that student/teacher ratios should depend on the objectives of the course, the expertise of the instructor, the kinds of clinical facilities available, the college and community resources which are available to enhance and expand learning/teaching experiences for students. Some students obviously need more

attention than others. I am perfectly willing for boards to call attention to decisions and practices which they feel are questionable--in fact, I would consider them derelict in their duty if they didn't. But I don't want creativity destroyed by formulas that aren't negotiable for reasons I don't understand. I want to know why and when twelve or five become the magic numbers. I want to talk with people who know nursing skills about a trade-off occasionally of one less nursing staff member for one resource teacher who can plan and provide good educational experiences in math, in reading, in human relations skills, in science, in study skills for the nursing students who need them.

Another problem which confronts a community college involved in offering health related educational programs is trying to interpret different perceptions of what is needed. What is needed, and developing the appropriate means of meeting the needs, are not always seen as one and the same by nurses, doctors, consumers and hospital administrators. We usually have representatives of all these groups on advisory boards which makes for lively discussions to say the least. Sometimes I feel as if I'm walking a tight rope but we have managed to survive, so far, and usually in the good graces of the differing factions. It may have a lot to do with the fact that Mary Hardy and I both have gray hair.

You may be wondering why we continue to be involved in nursing education since it obviously does bring an abundance of headaches with it. There are many, many reasons:

1. Obviously, recalling the number of applicants and openings available in the community, there is great interest in and need for qualified nurses. We are a community college and one of our missions is to educate people to meet the needs of the community. This is a source of great pride for us all. It is a great source of pride for all of us to see our nurses functioning effectively in all of the major hospitals in our community. In our history we have graduated 744 student nurses. 88% of them are registered. 85% of them are presently working in the Dallas area.

2. It is very difficult to establish and maintain a program as complicated as nursing. It became such a challenge finally that we stole Mary Hardy whom we consider to be one of the best if not the best health care educators in the country, and got the entire college involved in developing the AD Nursing program.

   a. We developed a philosophy which was real and which we could "live out".

   b. We established goals and objectives consistent with definitions of nursing education which had been established by our accrediting and licensing agencies, medical and hospital people in our community and the limited information available from consumers.

   c. We developed, revised, and have continued to revise curriculum and learning experiences and then evaluated these in various ways to see whether

we were, in reality, achieving our goals and objectives at a successful level.

d. Everybody in the college got into the act. The success of the nursing program became a personal thing to us all. Our Learning Resources Center provided faculty equipment, materials and expertise in order to help develop learning packages, audio/visual units, individual study units and so on. Developmental Studies used all of the resources at their command to provide assistance through seminars, conferences and classes to provide needed experiences and materials to meet basic educational needs of students who had gaps in their educational backgrounds.

e. Staff development activities focused for a time on how to meet the massive needs of this particular program.

Almost all faculty and administrators in the college jammed into the meeting room when our final on-site NLN accreditation team met to read the findings of their exhaustive study to determine whether in it's opinion we had indeed accomplished our goals and objectives. The entire room including the visiting nursing team applauded and cheered our success. It became a personal victory for all of us.

Our program is very good but must be better. It is rewarding and also frustrating. Our only real conflicts occur when the many agencies, local, state and national to whom we

report or look to for assistance make demands without regard to their impact on the demands of the others. As a college president, I feel we have the right to be involved in the decisions which affect us.

UNIVERSITY OF CALIF.
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CLEARINGHOUSE FOR
JUNIOR COLLEGES

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